



## A SNAPSHOT OF THE

# KATIE BECKETT PROGRAM



### Overview

Established in 1982 under the Tax Equity and Fiscal Responsibility Act (P.L. 97-248), the Katie Beckett Medicaid Program (KB), permits the state to ignore family income for certain disabled children. It provides benefits to certain children 18 years of age or less who qualify as disabled individuals under §1614 of the Social Security Act and who live at home, rather than in an institution. These children must meet specific criteria to be covered. Qualification is not based on medical diagnosis; it is based on the institutional level of care the child requires. Title 42 Code of Federal Regulations outlines the criteria used to determine eligibility.

### Applying for the Katie Beckett Program

Applications must be filed at the local county Department of Family and Children Services (DFCS).

### Has Katie Beckett eligibility criteria changed?

To ensure that health care is delivered to the children who need services most, and to reduce abuse and fraud to the program, the Georgia Department of Community Health (DCH) began enforcing federal guidelines for the program in November 2004. Reasons behind the current criteria are:

- DCH received numerous reports of children in the program that were not eligible
- The Centers for Medicaid and Medicare began auditing states' Medicaid and Medicare programs. Portions of the audit focus on whether the evidence supports compliance with regulations and eligibility determinations
- Adult Activities of Daily Living (ADL) was being used to assess eligibility of children, rather than the child specific criteria
- In November 2004, physician specialists, advocates and parents helped develop pediatric criteria

### How is level of care determined?

- STEP 1** Families apply for the KB Waiver with a DCFS case manager
- STEP 2** Treating physicians, parents and others (school guidance counselors, therapists, etc.) complete the required application packet
- STEP 3** GMCF under the direction of a pediatrician, pediatric neurologist and nurses, perform the clinical review of the packet
- STEP 4** If level of care is satisfied, DCFS does a cost neutrality assessment to determine whether the cost of home care is less than an institution

### ENROLLMENT

Enrollment dramatically increased over five years from 2,694 to 6,299. Up 250 percent.

### OTHER STATES

- Other 20 States have opted to open the category
- Only three other states in the Southeast have a KB program

### ELIGIBILITY

- 18 years old or younger
- Meet federal criteria for childhood disability
- Meet institutional level of care
- Can safely be served at home
- Cost does not exceed the applicable institutional cost

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## ○ **Is there an appeals process?**

Yes. An initial (administrative) appeal can be made directly to GMCF. A second appeal can be made by requesting a hearing directly with DCH.

## ○ **Alternatives to Katie Beckett**

- During the 2006 legislative session, the General Assembly directed the DHR to create a foundation to ease the transition of those children who are no longer eligible for the KB Wavier. The General Assembly appropriated \$7.6 million in FY2006 Amended FY 2006 Budget to help these families. Contact DHR for more details about this foundation
- Babies Can't Wait (BCW) program Individualized Family Service Plan
- Local Education Agency Individualized Education Plans